d 11	_	17/0
	ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS Registered No.	
ğ	1. PLACE OF BIRTH STANDARD CERTI	
5	\mathcal{M}^{\bullet}	TAT THE
ąi l	County Lely	State N 11
ä	District or Township.	or Village
the number (Teach In	City No. Whith one	St
cach, and	II II ANIO IS TOLE VEL HAMEU, MAKE S	
	2. Full name of child. Massa Soco	supplemental report, as directed.
ğ	3. Sex of Child To be answered ONLY 4. Twin, triplet or other	1 (1.1)ate /2 /
į į	in event of plural births. 5. No., in order of birth.	of birth Day Year
must be made for	- / Diktris	14. MOTHER
Ë		Full maiden name huana Enceco
it b	Full name Juan Value	- Jana -
H TE	9. Residence	15. Residence (Usual place of abode)
UKN I	(Usual place of abode)	If non-resident, give place and state.
	If non-resident, give place and state	16. Color or race
birth KE	10. Color or race	7.
	My 11. Age at last birthday JP (Years)	17. Age at last birthday (Years)
er of	Miani	18. Birthplace (city or place). Suo-Recy
i pi	12. Birthplace (city or place)	
3	(State or country)	(State or country)
	13. Occupation	19. Occupation
	Nature of industry	Nature of industry
		21. Were precautions taken against oph-
*	11	but now dead thalmia neonatorum?
	(Taken as of time of birth of cold herein certified and including this child.) (c) Stillborn	
	CERTIFICATE OF ATTENDIN	NG PHYSICIAN OR MIDWIFE
	I hereby certify that I attended the birth of this child, who was	(Born alive or stillborn.)
	* When there was no attending physician or midwife, then the father, householder,	<u> </u>
		11 Hardins
	child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwife).
	Given name added from a supplemental report Address.	
•	Month, day, year	(Mne/1, 1930 C. G. Darry
	Registrar Filed	Registrar
	" 431-1224-156	
×.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	

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